



Grant Agreement Number 156502

**REINSTATEMENT AMENDMENT TO
STATE OF OREGON
GRANT AGREEMENT**

In compliance with the Americans with Disabilities Act, this document is available in alternate formats such as Braille, large print, audio recordings, Web-based communications and other electronic formats. To request an alternate format, please send an e-mail to dhs-oha.publicationrequest@state.or.us or call 503-378-3486 (voice) or 503-378-3523 (TTY) to arrange for the alternative format.

This Reinstatement and Amendment of Grant made and entered into as of the date of the last signature below by and between the State of Oregon, acting by and through its Oregon Health Authority, hereinafter referred to as "OHA" and

Yamhill County
Acting by and through its Yamhill County Sheriff's Office
535 NE 5th Street #143
McMinnville, OR 97128
Attention: Tim Svenson
Telephone: 503-434-7440
E-mail address: svensont@co.yamhill.or.us

hereinafter referred to as "**Recipient.**"

RECITALS

WHEREAS, OHA and Recipient entered into that certain Grant number **156502** effective on January 15, 2018, incorporated herein by this reference (the Grant);

WHEREAS, OHA and Recipient intended to amend the Grant to extend its effectiveness through September 29, 2021;

WHEREAS, the proposed amendment number **3** to extend the effectiveness of the Grant and otherwise modify it was not executed by the parties prior to the Grants expiration date;

WHEREAS, the Grant expired on September 30, 2020 in accordance with its terms; and

WHEREAS, OHA and Recipient desire to reinstate the Grant in its entirety as of September 30, 2020, and to amend the Grant (once reinstated) to extend its effectiveness through September 29, 2021 as set forth herein.

NOW, THEREFORE, in consideration of the premises, covenants and agreements contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree to the following:

B.O. 21-49

AMENDMENT

- 1. Reinstatement.** OHA and Recipient hereby reinstate the Grant in its entirety as of **September 30, 2020** and agree that the Grant was and is in full force and effect from its effective date through the date of this Reinstatement and Amendment. OHA and Recipient further agree that, upon the amendment of **Section 1. "Effective Date and Duration"** of the Grant pursuant to Paragraph 2 below, the Grant was, is and will be in full force and effect from the effective date through the expiration date set forth in **Section 1. "Effective Date and Duration"**, as amended, subject to the termination provisions otherwise set forth in the Grant.
- 2. Amendment.** OHA and Recipient hereby amend the Grant as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

Section 1. "Effective Date and Duration" only to read as follows: language to be deleted or replaced is ~~struck through~~; new language is **underlined and bold**.

This Agreement shall become effective on the date this Agreement has been fully executed by every party and, when required, approved by Department of Justice or on January 15, 2018, whichever date is later. Unless extended or terminated earlier in accordance with its terms, this Agreement shall expire on ~~September 30, 2020~~ **September 29, 2021**. Agreement termination shall not extinguish or prejudice OHA's right to enforce this Agreement with respect to any default by Recipient that has not been cured.

- 3.** Except as expressly amended above, all other terms and conditions of the initial Grant and any previous amendments are still in full force and effect. Recipient certifies that the representations, warranties and certifications contained in the initial Grant are true and correct as of the effective date of this amendment and with the same effect as though made at the time of this amendment.

4. **Recipient Data.** This information is requested pursuant to ORS 305.385.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION

Recipient Name (exactly as filed with the IRS): Yamhill County

Street address: 535 NE 5th Street

City, state, zip code: McMinnville, OR 97128

Email address: _____

Telephone: (503) 434-7560 Facsimile: (503) 434-7379

Is Recipient a nonresident alien, as defined in 26 U.S.C. § 7701(b)(1)?

(Check one box): YES NO

Business Designation: (Check one box):

- | | | |
|--|--|--|
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Nonprofit Corporation | <input type="checkbox"/> Limited Partnership |
| <input type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Partnership | <input checked="" type="checkbox"/> Other |

Recipient Proof of Insurance: Recipient shall provide the following information upon submission of the signed Grant Amendment. All insurance listed herein and required by Exhibit C of the original Grant, must be in effect for the term of the Recipient.

Workers' Compensation: Does Recipient have any subject workers, as defined in ORS 656.027? (Check one box): YES NO *If YES, provide the following information:*

Workers' Compensation Insurance Company: SAIF Corporation

Policy #: A871736170 Expiration Date: 06/30/2021

5. Signatures.

Yamhill County
Acting by and through its Yamhill County Sheriff's Office

By:


Authorized Signature

Tim Svenson
Printed Name

Sheriff
Title

01/26/2021
Date

State of Oregon, acting by and through its Oregon Health Authority

By:
DocuSigned by:

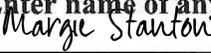

FFD3676A610F41E...
Authorized Signature
BH Operations Director
Title

kyleen zimmer
Printed Name
2/25/2021
Date

Approved for Legal Sufficiency:

Exempt per OAR 137-045-0050(2)
Department of Justice 10/13/2020
Date

DocuSigned by:

Enter name of any other required Signatures (Optional):

9652DA932315422...
Authorized Signature
HSD Director
Title

Margie Stanton
Printed Name
2/25/2021
Date

Accepted by Yamhill County
Board of Commissioners on
2/4/2021 by Board Order
21-49